



## Tuition Assistance Application

**APPLICATION FOR (Check one):** FALL\_\_\_\_ WINTER\_\_\_\_ SPRING\_\_\_\_ SUMMER\_\_\_\_ 200\_\_

Name (Last, First, Middle)

Social Security #

Home Phone

Pay Grade

Job Title

Office Phone Number

Fax Number

*Is your position included in one of the following Bargaining Units, if so, please check the appropriate one.*

Office, Professional &amp; Technical (MCGEO/OPT)

Fire/Rescue(MCFFC)

Police(FOP)

Service, Labor &amp; Trades (MCGEO/SLT)

(Limit \$1430 FT/ \$715 PT)\_\_\_\_

(Limit \$1430 FT/ \$715 PT)\_\_\_\_

(Limit \$1430 FT/ \$715 PT)\_\_\_\_

Non Rep (Limit \$1430 FT/ \$715 PT)----

Department

Division

Work Location

Have you previously had tuition assistance?

Yes ☐No ☐COURSE(S) REQUESTED

Course #	Course Title	# of Credits	Tuition Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Estimated Cost Fees			\$ _____
(BOOKS NOT INCLUDED)			
NAME OF SCHOOL _____			Estimated TOTAL EXPENSES \$ _____

Course Registration Date: \_\_\_\_\_

Course Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

EDUCATIONAL OBJECTIVE:

Please complete the one category that best describes your educational objectives: (ETAP or JITAP)

**1. ETAP (Employee Tuition Assistance)**DEGREE OBTAINING : CERT ☐ AA ☐ BA/BS ☐ MA/MS ☐ PHD ☐ Other \_\_\_\_\_**MAJOR:**

How does this degree/course(s) relate to your present job or career objective with Montgomery County?

**2. JITAP (Job Improvement Tuition Assistance )**

**NON-DEGREE :** ☐ Course work improves or maintains the skills required in your current job which are NOT leading to a degree. **A COPY OF THE COURSE DESCRIPTION FROM THE EDUCATIONAL INSTITUTE MUST BE ATTACHED TO THIS APPLICATION.** EXPLAIN HOW THE ABOVE COURSE(S) IS RELATED TO YOUR CURRENT POSITION: \_\_\_\_\_

**EMPLOYEE CERTIFICATION:** I hereby certify that the above statements are true and correct. I understand that 1) my course work/training must be taken during my off-duty hours, 2) tuition assistance benefits are limited to the costs required to pay for tuition and required fees, up to the allowable limit (above) for full-time and part-time employees, *which are not being met by any other educational benefits or scholarship*, 3) I am obligated to reimburse the County for any funds expended for courses approved under this application: a) for which I fail or withdraw, and b) if I fail to remain employed with the County Government for *one year* after the completion of courses funded under the tuition assistance program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PARTICIPANT'S INSTRUCTIONS:** Submit (2) copies to your Immediate Supervisor for signature (not required for FOP). Official grade notice for last course(s) completed under Tuition Assistance must be submitted as soon as it is received from the educational institution or at the time of application whichever comes first. ***It is the employee's responsibility to submit grade notices.*** Submit completed and signed application to the Office of Human Resources, Training & Organizational Development Team, Executive Office Building, 7th Floor. For further information call (240) 777-5153.

**DEPARTMENTAL INFORMATION AND RECOMMENDATIONS:** Please provide the requested information on applicant by checking the appropriate box.

**IMMEDIATE SUPERVISOR** *(not required for the Police Bargaining Unit FOP)*

1. Employee is Full-time merit employee \_\_\_\_\_ Part-time merit employee \_\_\_\_\_  
Other \_\_\_\_\_ Please define)

2. Employee Has Permanent Status \_\_\_\_\_ Does Not Have Permanent Status \_\_\_\_\_

3. Employee's Educational Objective (please check the appropriate statement) :

\_\_\_\_\_ Career Development/ Degree or Certificate Program

\_\_\_\_\_ Job Improvement / Maintains or Improves Skills for Current Position

**RECOMMENDATION:** APPROVAL \_\_\_\_\_ DISAPPROVAL \_\_\_\_\_

(A non-approval recommendation shall be based on substandard work performance or misconduct by the employee (**which is documented in the employee's performance evaluation**) or other reasons which clearly need to be described. Please briefly describe the basis for a disapproval.

\_\_\_\_\_  
\_\_\_\_\_

Signature and title

Date

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**DEPARTMENTAL REPRESENTATIVE OR DIVISION CHIEF** *(not required for the Police Bargaining Unit FOP)*

I concur \_\_\_\_\_ do not concur \_\_\_\_\_ with the recommendation of the immediate supervisor.

REMARKS:

\_\_\_\_\_  
Signature and title

Date

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**OFFICE OF HUMAN RESOURCES ACTION**

Previous tuition assistance received under tuition assistance by applicant during the fiscal year for which this application is made.  
\$ \_\_\_\_\_ Application Approved for \$ \_\_\_\_\_, Application Disapproved \_\_\_\_\_

THIS COURSE(S) IS \_\_\_\_\_ IS NOT \_\_\_\_\_ PART OF A PROGRAM OF STUDY THAT COULD QUALIFY THE EMPLOYEE FOR A NEW TRADE OR BUSINESS

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Coordinator's Signature

Date